

HUDSON INSURANCE GROUP

Claim Form

<u>CLAIMANT INFORMATION</u>	
Claimant's Name: Morgan M. Saccone	
Claimant's Address: C/O: 1930 Harrison Street, Suite 208 F, Hollywood, FL 33020	
Claimant's Telephone Number: 954.228.5674	
Claimant's Email Address: josh@sueyourdealer.com	
May we use email for all future communications (check one): Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>CLAIM INFORMATION</u>	
Claim is hereby made against (Name of Dealership): Carstrada, Inc.	
Bond Number: 60007183	
Department of Highway Safety and Motor Vehicles ("DMV") Complaint No:	
Date of Transaction (purchase or sale): November 29, 2022	
Detailed Explanation of Claim:	
See FSS 501.98 demand delivered to Hudson and enclosed once more herein.	
State the amount of your claim against the Bond: \$ See FSS 501.98 demand.	
Itemize claimed damages:	
See FSS 501.98 demand delivered to Hudson and enclosed once more herein.	
**Please attach all documents that support your claim, including but not limited to all transaction documents (i.e. Bill of Sale, Finance Agreement) receipts, and DMV Report. **	

DECLARATION

The undersigned declares, (1) I am authorized to submit this Claim on behalf of the claimant; and (2) all documents attached to this proof of claim are true and accurate to the best of my knowledge, information and belief.

I further acknowledge that I understand any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

03/24/23

Date

Morgan Saccone

Claimant

NOTICE: Hudson Insurance Group hereby reserves all rights and defenses available to it under State law and by providing this proof of claim form does not waive any such rights or defenses it might have to the claim. This document should not be considered a promise to pay.